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WORLD MEDICAL ASSOCIATION

A new international medical society—the World Medical Association—was formed on Thursday, Sept. 18, and on the afternoon of that day held the first meeting of its General Assembly. It is, in effect, the direct successor to the A.P.I.M.—Association Professionelle Internationale des Médecins. The past few months have witnessed a revival of many international medical and scientific congresses, culminating this month in the remarkably successful meetings in London of the International Conference of Physicians, presided over by Lord Moran, and of the International Society of Surgery, presided over by Dr. Leopold Mayer. The two congresses in London were distinguished by the presence of eminent physicians and surgeons from all over the world, by the high level of the scientific contributions made at them, and by a cordial atmosphere of friendliness which surmounted all difficulties of race and language. The meeting of the World Medical Association in Paris last week was unfortunately not permeated with the same spirit. Although it added to its six laudable objects a seventh—"To promote world peace"—peace at the meeting itself was on many occasions preserved with difficulty. It may, however, turn out to be a good thing that this new organization was formed in an atmosphere free from illusions. But it would be wrong to put a gloss upon the facts or to pretend that those present left the meeting with the feeling that the foundation-stones had been well and truly laid.

The meeting was divided into two parts. The first was a Conference of Delegates of National Medical Associations, which was presided over by Sir Hugh Lett, Dr. Charles Hill and Dr. P. Cibrie acting as joint secretaries. The proceedings began with a speech by the French Minister of Health, who welcomed the presence in Paris of the medical representatives of close on fifty nations. He said that the State had to concern itself with the physical and moral condition of the citizen, and he looked forward to hearing the results of the deliberation of the meeting on the relationship between the State and the doctor—a deliberation which unfortunately did not take place, as the protracted discussions on procedure and other matters did not allow time for the debate on this subject which should have been opened on Thursday by Dr. Guy Dain: there was time only for a series of short statements on Saturday afternoon. After the Minister of Health left, Dr. T. C. Routley gave a report of the activities of the Organizing Committee and hoped that the Assembly would approve the results of its labours. The task of the first part of the meeting was to decide on the Articles and By-laws of the proposed World Medical Association. These had been drawn up by the Organizing Committee and circulated to those present in English and French, the two official languages of the W.M.A., to which by the end of the meeting it was agreed that Spanish should be added. It soon became evident that many of the delegates of the 48 countries represented wanted to modify some of the Articles and By-laws, and that the Conference did at last succeed in agreeing upon these was due principally to the patience and tactful handling of the meeting by Sir Hugh Lett and the unruffled demeanour of Dr. Routley. The delegate from Cuba, for example, wanted to change the name of the W.M.A., and the delegate from Turkey proposed that pharmacists and dentists should be admitted to membership; the Bulgarian delegate wanted to add another object—namely, that the W.M.A. should promote social and prophylactic medicine.

It should, perhaps, be pointed out that the two principal objects of the W.M.A. are the first and the third, which read thus:

> (i) To promote closer ties among the national medical organizations and among the doctors of the world by personal contact and all other means available;
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> (iii) To study and report on the professional problems which confront the medical profession in the different countries.

The W.M.A., in other words, would appear to be concerned principally with all those matters which are summed up under the term "medical politics." There was some confusion about whether the W.M.A. should be composed of representatives of different countries or of different national medical associations. If one country could secure the admission of delegates from several national medical associations then its votes would outnumber those of a country with representatives from only one national medical association. It was decided that each national medical association should have two votes, one for each of the two delegates, and two votes for the one delegate if the second was unable to be present. Eligibility for membership is defined by Article 5, as follows:

> (i) Those medical associations which sent delegates or observers to the International Medical Conference in London in September, 1946; and
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> (ii) Any other national or territorial medical association which is fully representative of the medical profession in its country or territory or of the members of the medical profession of a recognized ethnic group in its country or territory.

After prolonged discussion the latter sub-section was passed unaltered.

By the end of the first day the Conference had been unable to finish its discussions on the Articles and By-laws. This was due principally to the frequent interventions of the delegates of the South American countries, who acted as a bloc under the leadership of the delegate of the Medical Association of Costa Rica. It was highly regrettable that the fashion of voting by a bloc was introduced at all, and it seemed that the meeting was beginning to imitate some of the worst features of U.N.O. At one point the meeting was persuaded to vote in favour of a resolution that the Secretariat should be members of the Executive Council, but on the second day it had the sense to realize the absurdity of this decision, and agreed on a motion by Dr. Dain that the Secretariat should act as the servant of the Council and not as a member of it. In various discussions on the By-laws it became clear that the Conference was anxious that the General Assembly of the W.M.A. should not devolve too much of its responsibility upon the Council. The Indian representatives, who made more than one helpful contribution to the discussions, pointed out some anomalies between the By-laws and the Articles and

stressed, what needed stressing, that the unit of membership is a national medical association and not a country.

It was not until 3.30 p.m. on September 18 that the discussion on the Articles and By-laws came to an end. But at least the meeting had the satisfaction of thrashing out all points of difficulties, and just how acute some of these points were may be illustrated by the fact that one By-law was by vote successively deleted, then restored, and then deleted again.

At the first meeting of the World Medical Association proper, which occupied the second half of the Proceedings, Dr. Charles Hill was appointed Acting Honorary Secretary, and Dr. Routley, who took the Chair until a new President was elected, observed that it was necessary to take the credentials of those delegates who had not yet presented them. This formal and routine procedure led to a series of regrettable incidents which were finally resolved in a manner which made it look as if the General Assembly was flouting By-law No. 44, as follows: "A Delegate shall be a person who is medically qualified and a member of the association he represents, and he shall be ordinarily resident in the territory of that association." At one point all the delegates of the South American countries left the chamber and subsequently returned, deftly piloted by Dr. Cibrie. Prof. Marquis, who is Director of the School of Medicine of Rennes, was elected the first President, and ably conducted the first meeting of the General Assembly. At the end of the meeting Dr. Routley was elected Chairman of the Council.

With all the delegates once more present in the chamber the Treasurer, Dr. Leuch, of Switzerland, presented his report. He pointed out that the funds from the subscriptions of the various national member associations were inadequate for the tasks of the W.M.A. and reported to the meeting the generous offer made by the American delegates of $50,000 a year for five years. To this gift certain conditions were attached, and because of these conditions feelings once more ran high. It is not unreasonable or unusual for conditions to be attached to a gift of money; yet some delegates felt that the gift should be free from conditions. Others objected to certain of the conditions. They were put to the meeting in the form of a recommendation by the Chairman of the Organizing Committee. Briefly, they were that the money should be used for (i) the salaries of the Secretary and other officials of the clerical staff, (ii) the rent and rates of the headquarters office, and (iii) the cost of publication of the W.M.A.'s official bulletin or journal. (It was subsequently agreed by the meeting that the money should also be used for the travelling expenses of the Council.) Another condition was that the Headquarters of the W.M.A. should be in North America, the exact location to be determined by Council. Still another condition was that the Council be instructed to work out a scheme of associate membership; this was subsequently altered to the effect that the Council should explore the possibility of arranging for gift funds for the W.M.A. to be free of income tax. Dr. L. H. Bauer, one of the delegates from the U.S.A., gave to the meeting a clear exposition of the circumstances of the gift. It was, he emphasized, not a gift from his member association, the American Medical Association, which had many heavy financial commitments. The money had been offered by friends of the A.M.A.—principally, it appeared, industrialists anxious to promote the interests of the W.M.A. The disbursement of the money would be under the control of a committee in the U.S.A. composed of five doctors and four laymen. If the business donors could be admitted under a scheme of associate membership, Dr. Bauer said, they should have the right to attend meetings but not, of course, the right to vote. Dr. Bauer finally said that in certain circumstances, which would, however, be highly unlikely, the American finance committee might withdraw the gift. The first speech of opposition to this proposal was made by Dr. P. B. Mukerji, President of the Indian Medical Association. He expressed his appreciation of the generosity of those who had made such a large sum of money available to the W.M.A. but doubted whether it should be accepted under such terms. He felt that the W.M.A. should work out its own salvation even if it meant that much of the work would have to continue to be done on a voluntary basis. The debate on this controversial subject continued on the Friday. Irrespective of the conditions of the gift, it was decided that the Headquarters of the Secretariat should be in North America. This decision having been taken, the debate continued on whether to accept the American gift with amendments to the terms. The important amendment was that which deleted the reference to working out a scheme of associate membership. By the counting of hands 31 voted for accepting the gift, and 32 against. A recount being necessary, it was suggested that this was an unsatisfactory method of arriving at a conclusion, and the Assembly departed for a visit to Versailles, on the agreement that a further and more strictly controlled vote should be taken on the following day, when, some members abstaining from voting, the General Assembly voted in favour of accepting the handsome gift of $50,000 a year for five years.

If this gift had not been accepted it is doubtful whether the W.M.A. would have remained in being. It is perhaps a commentary on the unsettled economy of the world that the W.M.A., which represents some 500,000 doctors, could not raise sufficient funds to carry on its own work unaided.

It remains to be said that in the midst of controversy on procedure and finance the General Assembly entered into a non-controversial atmosphere when it condemned the crimes committed by German doctors. It had before it a document drawn up by the Council of the B.M.A. under the heading "War Crimes and Medicine," and it listened in sympathy to an address on this subject by Prof. Charles Richet, who had himself been in a German concentration camp. He was followed by one of the Greek delegates, who, at the end of his address, asked the meeting to stand in memory of the Greek doctors killed by the enemy. It was finally agreed that German delegates should not be admitted to the W.M.A. until organized medicine in Germany condemned the past criminal acts of German doctors.

We have tried to give a faithful account of what happened last week at this highly important conference held in Paris in the Domus Medica, the Headquarters of the Confédération des Syndicats Médicaux Français, which throughout the Proceedings acted as a most generous host. It is important, we believe, that the various difficulties attending the establishment of the W.M.A. should be known so as to be understood. It had set its hand to a great task, and if it is to achieve its highly important objects it will have to secure the good will of the various national

medical associations in all parts of the world. If these associations, through their delegates, come to the meetings of the Council and of the General Assembly in a factious mood then the prospects of success are not bright. Much, of course, will depend upon the hard work, tact, and ability of the permanent Secretary, who has yet to be chosen.

HAEMATEMESIS

Haematemesis is a subject which can always be relied upon to cause a lively discussion at any medical meeting, while in the literature comment and counter comment have been at times acrimonious. In his Goulstonian Lectures for 1947, the publication of which we conclude in the opening pages of this issue, Avery Jones has given a comprehensive and up-to-date account of the subject based on a personal series of 687 cases admitted to a municipal hospital between June, 1940, and January, 1947. He exposes certain fallacies which have crept into modern thought, and he has important observations to make upon what must always be the core of the problem—the early recognition and treatment of those cases in which the bleeding is likely to be dangerous.

There are errors in the statistics of haematemesis which are not generally realized. The literature is comprised of three types of series—mass hospital statistics, collected series, and individual series. Only the last of these are acceptable, and they may be misleading because of the small numbers recorded, the different criteria of diagnosis used, and the type of case which is excluded. Surgical cases are commonly discarded, and in some series even fatal cases are ruled out, on account of complications which in many instances should be attributed to the treatment. A further drawback is that small series are often published in order to illustrate a particular form of therapy, and, as such, they will record successful rather than unsuccessful methods, with a consequent distortion of the over-all mortality. Four major variables must be considered in any discussion on haematemesis: social status, age, sex, and the type and position of the lesion. Ignorance of any one of these factors may lead to muddled thinking. For instance, the surgeon may reassure himself, and his patients, that the mortality from gastrectomy for haemorrhage is low, whereas analysis will show that this is only true below the age of 40 years, after which age the hazard is much increased.

There was a considerable increase in the number of deaths from haematemesis between the wars; it reached a maximum in the early 1930's and has since declined. This increase may be attributed to the virtual disappearance of acute ulcers among young women and their replacement by chronic ulcers in men over 40. The subsequent decrease in mortality Avery Jones considers to be due to the introduction of the drip blood transfusion and to the use of liberal feeding. Some workers have emphasized the possible dangers of blood transfusion in haematemesis. They claim that the blood pressure may be raised unduly and bleeding restarted. The present series gives no support to such a view. Provided that the known dangers are guarded against, transfusion is recommended, the aim being to maintain the haemoglobin above 40%. This is a view which is generally accepted to-day. Cautious transfusion is regarded as an insurance against disaster should haemorrhage recur, and it ensures that the patient is better able to stand operation if this should be required.

Copious feeding for patients who have recently had a brisk haemorrhage from the stomach or duodenum was first advocated by Meulengracht, and in this country the modification elaborated by Witts is becoming increasingly popular. It is maintained that a purée diet does not increase the risk of recurrent bleeding and that it improves the patient's general condition and so promotes healing. Avery Jones finds no evidence to suggest that liberal feeding, any more than blood transfusion, causes recurrent haemorrhage. But in 32 out of the 45 cases examined post mortem an exposed vessel was seen. These patients had died after several recurrent bleedings, and it is pointed out that at operation these pouting vessels spurt with blood when they are touched; may they not do so when semi-solid food moves up against them? It is not always possible to give purées right from the beginning of treatment, because of the poor general condition of the patient, or because of nausea, or perhaps because of the persistence of pain—always a serious feature. In such circumstances Avery Jones recommends two-hourly feeds of 7 oz. (200 ml.) of milk. This is a sound suggestion for, as Izod Bennett and his colleagues[1] pointed out, in haematemesis the digestive functions are gravely disorganized, and it may be unwise to demand from the diseased organ the additional work which the digestion of semi-solids may entail.

Whatever regime is adopted the prevention of dehydration is important, and Marriott's dictum,[2] that a patient should pass every eight hours a pint of urine (568 ml.) containing 5 g. of chlorides per litre, should be remembered. From a study of the post-mortem records of patients who died before the introduction of massive transfusion and early feeding Avery Jones concludes that dehydration was the cause of death in many, though the high levels of the blood urea suggest another possibility. Darmady[3] has shown that the renal changes observed in traumatic uraemia may also be found in any condition in which a state of shock occurs. Such changes have been described in haematemesis, and it may well be that early and adequate resuscitation is even more important than early feeding.

A gastroscopic study was made of cases in which there was no radiological proof of peptic ulcer, and the results are of considerable interest. Avery Jones is at pains to explain that early gastroscopy is not recommended as a routine measure, but here it was undertaken as part of "a definite clinical investigation." The examination was successful in 116 out of 217 cases. In 30 the mucosa of the stomach was found to be normal; in 86 there were pathological changes, and this group included 65 cases in which there was a gastric ulcer. Of the acute ulcers 38 were superficial, flat lesions, with little or no surrounding oedema. There were no generalized changes in the gastric mucosa, and in 5 instances the ulcer was accompanied by a histamine-fast achlorhydria. These acute ulcers seldom proved fatal. In some cases they gave rise to no symptoms, but more usually there was a history of bouts of epigastric pain lasting from a few days to a few weeks. These lesions cannot be shown radiologically, and this study emphasizes yet again that a negative skiagram in a patient with

[1] *Lancet*, 1942, **1**, 551.
[2] *British Medical Journal*, 1947, **1**, 328.
[3] *Brit. J. Surg.*, 1946, **34**, 262.